Establishment Name

ONEIDA COUNTY TEMPORARY EVENT APPLICATION

1 Courthouse Square, P.O. Box 400 Rhinelander, WI 54501

Please submit the completed application and inspection fee in the form of check or money order payable to the *Oneida County Health Department* to the above address. Application should be submitted to the department at least 7-days before the event. A \$50 inspection fee will be charged to vendors who serve potentially hazardous food. A \$25 inspection fee will be charged to vendors who serve non-potentially hazardous food.

Establishment Street Address, City	Establishment Street Address, City, State & Zip Code												Establishment Telephone		
Legal Licensee (such as name of s	ole pro	oprieto	or or pa	artners	ship, c	r LLC	, LLP,	Inc.)							
Licensee Street Address, City, State & Zip Code												Legal Licensee Telephone			
Event Name and Location														Dates of Event	
1. List each potentially hazardous food item, and indicate which preparation procedure will occur in the space below. Potentially hazardous food includes animal food that is raw or heat-treated; a food of plant origin that is heat treated or consists of raw seed sprouts; cut melons; and garlic-in-oil mixtures. Any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.															
Food Item											Location of Where Food is Prepared (If other than booth, provide establishment name and address)				
	Cook	Fry	Grill	Bake	Reheat	Cool	Hot Hold	Cold Hold	Mix	Cut	Slice	Assemble	Bread	Other	
2. Identify all equipment; includi service storage, etc.	ing ha	indwa	shing	ı, dish	iwash	ing, r	anges	s, grill	s, hot	food	holdir	ng fac	ilities	, refriç	gerators, worktables, food/single-

Describe	e now room preparation and diensit washing areas will be effectively screened to prevent contamination from files and other insects:
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Describe	e source and storage of water, storage and disposal of wastewater, and storage and disposal of garbage:
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I, the applicant, understand the:

- Field Inspection report will serve as the temporary event permit to operate
- Permit may be suspended if serious conditions exist
- Public health inspector may alter or exclude menu items depending on the nature and location of the event
- Oneida County Health Department, acting as agent for the state, has the authority to inspect and charge an inspection fee
- Inspection fees are not refundable

APPLICANT SIGNATURE DATE SIGNED

Type of Food Served	Inspection Fee
Potentially hazardous foods	\$50
Non-potentially hazardous foods	\$25

Submit the completed application and inspection fee in the form of check or money order payable to the Oneida County Health Department to:

Oneida County Health Department 1 Courthouse Square Rhinelander, WI 54501 Office: (715) 369-6226 Fax: (715) 369-6112

If you would like to receive a copy of our "Guidelines for Operating a Temporary Restaurant" or if you have any questions, please call (715) 369-6226 or (715) 369-6223

DEPARTMENT COMMENTS: